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ABSTRACT

This report presents information on the status of Hispanic children in Texas, with special emphasis on the comparative status of Hispanic children in counties along the Texas-Mexico border. Information was gathered from a literature review, state agencies, the 1990 decennial U.S. census, focus groups, and interviews. A demographic overview shows that 26 percent of the Texas population in 1992 was Hispanic, primarily Mexican American, and 80 percent of the population of the border counties was Hispanic. Sections on poverty, employment, education, and health reveal that, to a disproportionate degree, Hispanic children live in poverty, caused in part by the unemployment and underemployment of their parents; attain low levels of education, as did their parents; inhabit substandard housing; experience high rates of teen idleness, juvenile crime arrests, and high school dropout rates; and are underserved by health and social services. These problems are exacerbated in the border counties by political and geographic isolation. Recommendations are made concerning economic development, the need for more resources, international cooperation, and the need for targeted programs and research. (Contains references in notes and 21 data tables.) (TD)

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Hispanic Children in Texas is a Special Report of the Texas Kids Count Project.

Texas Kids Count is a project of the Center for Public Policy Priorities with the University of Texas at Austin School of Social Work as a research partner. This Project is part of a nationwide effort to highlight the well-being of children in every state. As part of this ongoing effort to build a better understanding of the conditions facing children in Texas, Texas Kids Count is building a comprehensive database of indicators of child well-being. The data is being used to produce annual county by county fact books as well as special reports such as this.

Core funding for Texas Kids Count is provided by the Annie E. Casey Foundation. Special research has been supported by The Texas Department of Health, the Texas Department of Human Services, the Hogg Foundation for Mental Health, the RGK Foundation and the Children's Trust Fund of Texas.

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The Center for Public Policy Priorities is an office of the Benedictine Resource Center, a San Antonio based non-profit organization dedicated to improving the lives of low-income children and families in Texas.

Preface

The Texas Kids Count Hispanic Special Report is the first in a series of special reports to be published each year to supplement the annual Texas Kids Count Factbook on the Status of Children in Texas. Each special report will concentrate on a unique population or issue of particular relevance to children in Texas. The Texas Kids Count Hispanic Special Report reflects the teamwork and contributions of a large number of researchers, policymakers, service providers, and community residents. This and subsequent Special Reports are developed under the general auspices of the Texas Kids Count Advisory Council and with advice from Advisory Committees developed specifically for each Special Report.

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Texas IMPACT
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Hispanic Children in Texas

This report presents information on the status of Hispanic[2] children in Texas, and is designed to support and inform the efforts of local, state, and federal policymakers, as well as community residents and practitioners. The report places special emphasis on the comparative status of Hispanic children concentrated in counties along the Texas-Mexico border.[3] Texas presents a unique picture of ethnic diversity when compared to much of the rest of the nation. The state has a growing minority population, particularly its Hispanic population, which is primarily Mexican American. According to the 1990 census, almost 23 percent of the population in Texas was of Mexican American origin, .3 percent were of Puerto Rican descent, .1 percent were Cuban, and 2.3 percent had their origins in several Central and South American countries.

Hispanic children in Texas are subject to disproportionately negative levels of health, employment, education, and poverty. This report attempts to provide a basis for understanding the current status of Hispanic children in Texas against which new programs and policy initiatives can be measured. The report also seeks to identify issues of particular concern for Mexican American children and children living in the Texas counties bordering Mexico.

In interviews and focus groups, border residents reported that political and geographical isolation is also a problem relevant to the well-being of Hispanic children and families of the border region. Local service providers repeatedly expressed their frustration at the inability of state and federal government agencies to recognize the fluidity of the border. When it comes to social problems, they explain, the international boundary between Texas and Mexico is irrelevant. Such social problems include child abuse and neglect, education, juvenile delinquency, access to social services, and health issues.

This introductory section of the report on Hispanic children in Texas describes the purposes of the report and the methods used to collect the information included. It also provides an overview of the Texas population and its ethnic and racial composition. The introduction concludes with a discussion of the report's significance and suggestions for use of this report in multiple policy and practice arenas.

Purpose of the Report

This report provides a description of Hispanic children's status in Texas, with a particular emphasis on children living in the counties along the Texas-Mexico border. The report provides baseline information for use in developing, supporting, and evaluating

policies and programs serving Mexican American children in Texas, particularly those affected by the problems and strains that typify life for Mexican American children along the border.

Detailed data on the status of children in Texas indicate that some specific problems are highly significant in the experience and development of Hispanic children and children in the border counties. Such detail highlights specific areas requiring policy and program intervention, and can guide the efforts of both state policymakers and local community residents and organizers. However, the scope of this report is limited by persistent problems with inadequate data on poor populations, on ethnic minorities, and on rural communities. All these groups are undercounted in most population studies, including the United States census. The data presented here also reflect a similar and persistent undercounting of the Hispanic population in Texas, which is disproportionately represented among the poor, in the border counties, and among rural residents.

Methods and Process

This report brings together information gathered in three different ways. First, the report is based on an extensive literature review that provides the broader socioeconomic and historical context for data collected specifically for the purposes of this report. The research team sought out state and national academic research studies as well as studies focused on the Hispanic population in specific communities in Texas.

Second, wherever possible, the report utilizes systematically collected statewide data to illustrate the comparative status of Hispanic children and children in the border counties. Texas data includes reports from different state agencies (such as the Texas Department of Health, Texas Department of Human Services, and the Texas Education Agency), as well as from the 1990 decennial United States census. All statewide data used in this report have been reviewed and integrated into a data set specifically designed for comparisons of regions and counties on variables related to children's status.

No numerically based data set, however, can provide a detailed portrait of the daily challenges that confront children in specific communities or the programs and organizations trying to serve them. Therefore, the third data collection measure involved focus groups and interviews. The research team visited community service providers and residents in three selected border communities to provide a more detailed portrait of children in those communities. Communities were selected along the border because of the heavy concentrations of Hispanic populations in that region. These communities were also selected to provide diversity in size and region. Through focus group interviews in Eagle Pass, El Paso, and Brownsville, the research team sought to identify problems specific to

individual communities. In many cases the same issues and concerns emerged in all three communities, enabling the team to identify issues and concerns common to border counties and Hispanic children in general.

Population

As indicated in the table below, estimates of the Texas Hispanic population in 1992 was 26.3 percent, a .8 percent increase from 1990.

1992 Population Estimates for Texas

	Male	Female	Total	Proportion
Hispanic	2,341,586	2,310,430	4,652,016	26.3%
White	5,178,821	5,376,272	10,555,093	59.8%
African American	988,401	1,069,703	2,058,104	11.7%
Other	193,824	196,613	390,437	2.2%
Total	8,702,632	8,953,018	17,655,650	100%

Source: Texas State Data Center, Texas A & M University.

Hispanic children make up a larger portion of Texas children (34% in 1992) than the proportion of Hispanics of all ages in the total population. In 1992, 39 percent of all the live births in Texas were to Hispanic mothers. During the 1992-1993 school year, Hispanic children comprised 35 percent of the total public school population.

Texas shares a substantial border with Mexico, marked both by the Maquiladora Corridor (a free-trade zone on the Texas-Mexico border dominated by manufacturing

plants), which has attracted many workers to the border area from many parts of Mexico, and by the considerable ebb and flow of population across the border. Although the state as a whole has a large and growing Hispanic population, there is a substantial concentration of Hispanics in the border area. Eighty percent of the people living in the border counties are Hispanic, as indicated in the following table that shows the population breakdown of the border counties. Approximately 35 percent of all Hispanics in Texas live in these border counties.

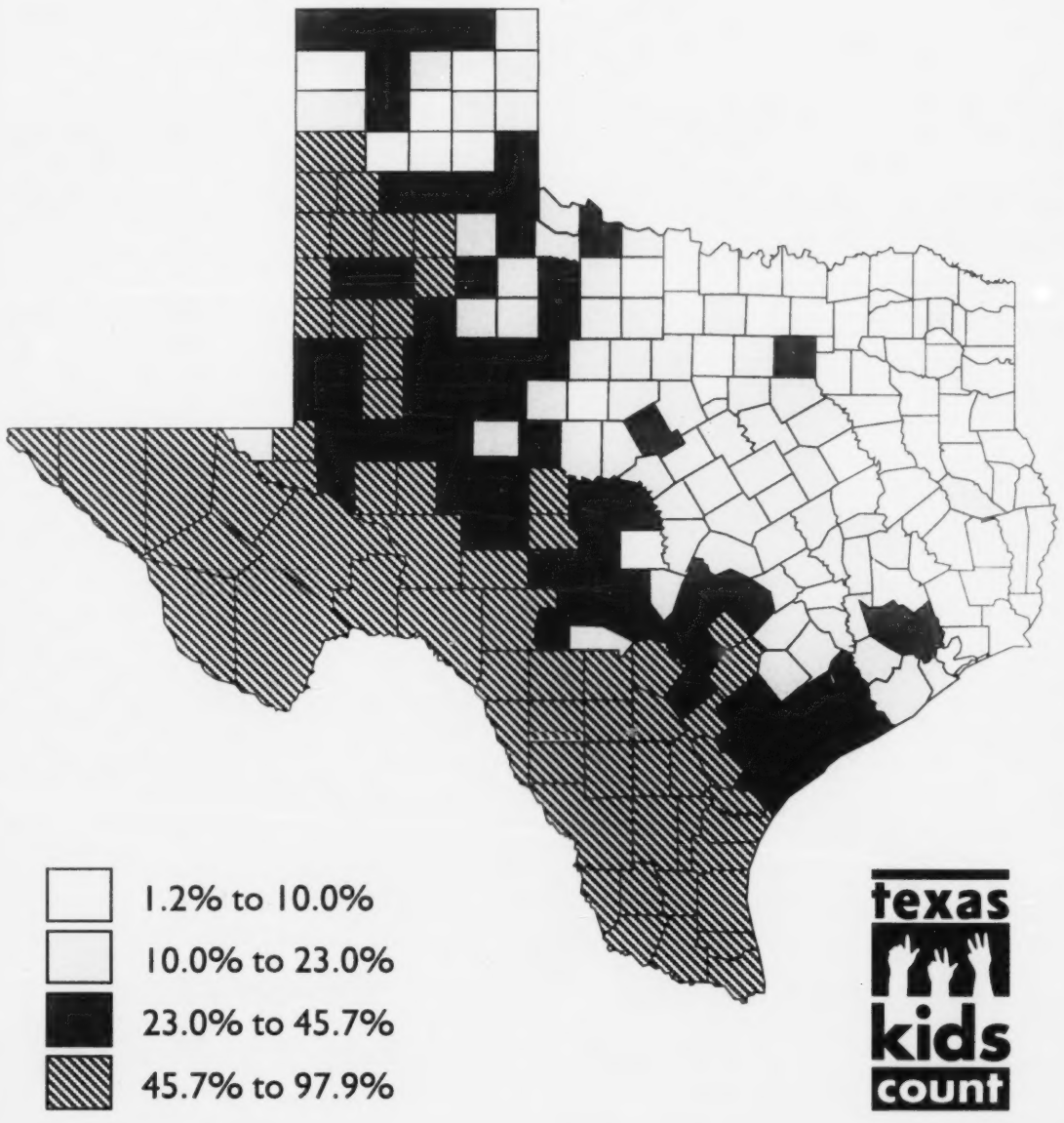
1992 Population Estimates for Border Counties

	Hispanic Male	Hispanic Female	Hispanic Total	Total Population	Hispanic Proportion
Brewster	1,928	1,898	3,826	8,791	43.5%
Cameron	110,097	120,121	230,218	277,517	83.0%
El Paso	208,963	230,777	439,740	621,017	70.8%
Hidalgo	170,623	181,533	352,156	408,575	86.2%
Hudspeth	964	889	1,853	2,769	66.9%
Jeff Davis	401	382	783	1,940	40.4%
Kinney	811	783	1,594	3,108	51.3%
Maverick	17,265	19,269	36,534	38,989	93.7%
Presidio	2,753	2,964	5,717	6,949	82.3%
Starr	20,744	21,442	42,186	43,349	97.3%
Terrell	393	364	757	1,403	54.0%
Val Verde	13,945	15,031	28,976	40,799	71.0%
Webb	65,238	71,141	136,379	144,566	94.3%
Zapata	3,909	4,071	7,980	9,714	82.1%
Border Counties	**618,034**	**670,665**	**1,288,699**	**1,609,486**	**80.1%**

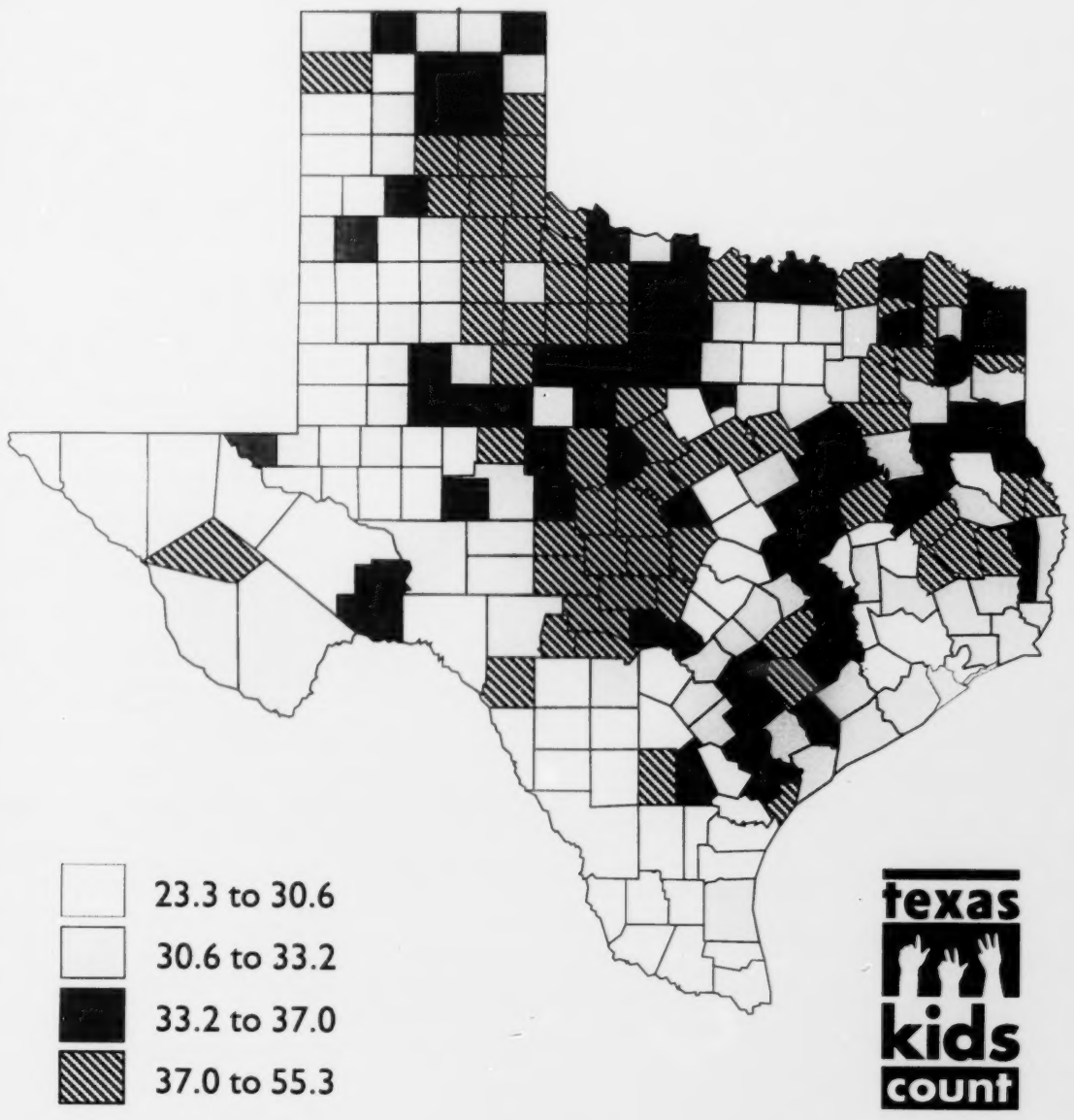
Source: Texas State Data Center, Texas A & M University

The density of the Hispanic population along the border is further illustrated by the following map (Figure 1), which shows a higher concentration of Hispanic children along the border, as compared to the rest of the state. Furthermore, as the next map (Figure 2) shows, these same border areas have a particularly young population. The long land border with Mexico creates a different demographic profile, as well as a set of different service needs for families and children. In particular, many children in the border counties belong to families with strong ties to both the United States and to Mexico; children from such families often spend time in both countries.

Percent Hispanic Children (1990)



Median Age (1990)



This examination of Hispanic children in Texas is set in the context of problems facing all children in Texas. Although, many of the figures used in this report may represent undercounts of the Hispanic population, available figures still provide an important profile of Hispanic families and their children. In particular, while the 1992 population estimate for Texas is 17,655,650, the entire Hispanic population of the state is estimated at 4,652,016, including 1,719,375 Hispanic children. Over 485,500 Hispanic children live in the border counties.

Using This Report

This report's importance emerges from the multiple uses for which it is designed. Carefully documented information on the status of Hispanic children in Texas is important in guiding the development and implementation of new policies and programs. Furthermore, this book highlights those concerns particular to Hispanic children and to Texas border counties, issues and concerns not nearly so apparent in statewide statistics.

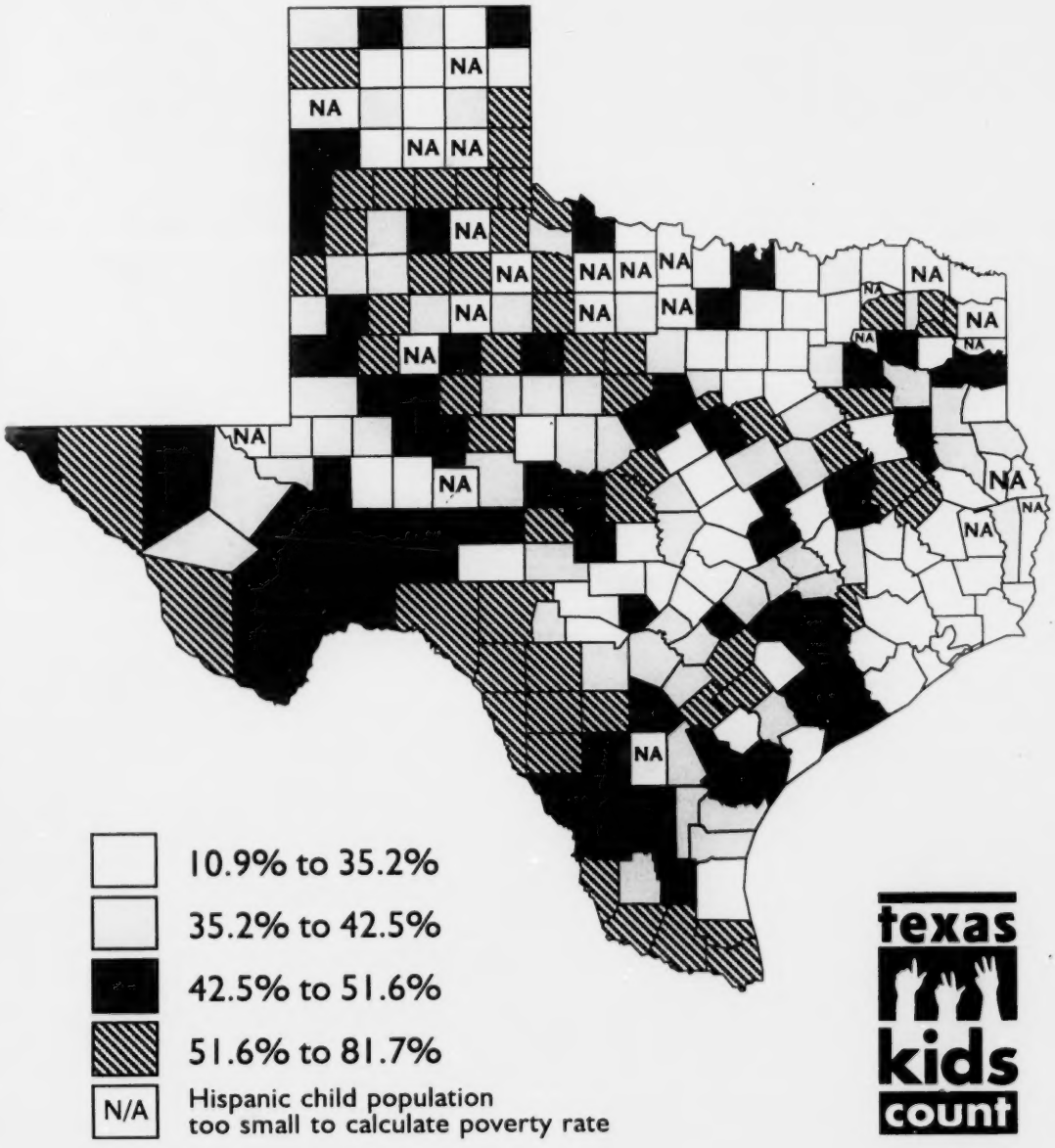
Statistical and qualitative information compiled in this report can be used in a number of different policy, advocacy, and research arenas. For policymakers, it offers information on community needs. It balances the statistics provided by state agencies with reports from selected communities and individuals and more focused research projects to provide an overview of what we know about the conditions faced by Hispanic children in Texas today. It shows the ways in which challenges facing Hispanic children are connected with, and affect, each other. The report should be used to examine the programmatic needs for human services among Hispanic children and their families and how to improve them.

For communities across the state of Texas, the report offers a straightforward presentation of data describing Hispanic children's status. This report should help community residents and organizers consolidate their thinking about community needs and ways to document those needs. It also provides a baseline of information for communities to use in assessing progress or a lack thereof in meeting the needs of Hispanic children.

For researchers, this report can fulfill two functions. First, it incorporates both original field work and an extensive literature review into a summary of Hispanic children's status, drawing on multiple sources. Second, it illustrates how to combine both qualitative and quantitative materials on children's status into one report. The substantial literature review also covers a complex set of issues related to assessing and portraying children's state of well-being.

Finally, the report can help those individuals interested in learning more about the diverse and often challenging environments within which Texas children live and develop. Texas citizens need to be informed about the consequences of existing conditions on the

Percent Hispanic children in poverty (1990)



future development of children. Only through increased public awareness can the state and private social service agencies successfully address the many complex issues facing Texas children today.

The following pages will examine the impact of poverty, employment, education, and health on Hispanic children in Texas. Conclusions and policy recommendations follow.

POVERTY

Poverty is a key factor underlying many of the problems affecting children. In interviews, local community service providers repeatedly emphasized the direct relationship between poverty and the disproportionate problems with unemployment, poor education, physical and mental health problems, and poor housing affecting Hispanic families in Texas. The numbers paint a bleak picture of the economic well-being of children in these communities (see Figure 3). Both data analysis and individual and group interviews with over fifty service providers from Brownsville, Eagle Pass, and El Paso revealed that living conditions in these regions are characterized by poverty together with these four factors: (1) low wage levels, (2) lack or shortage of jobs, (3) low educational attainment levels, and (4) low job skill levels.

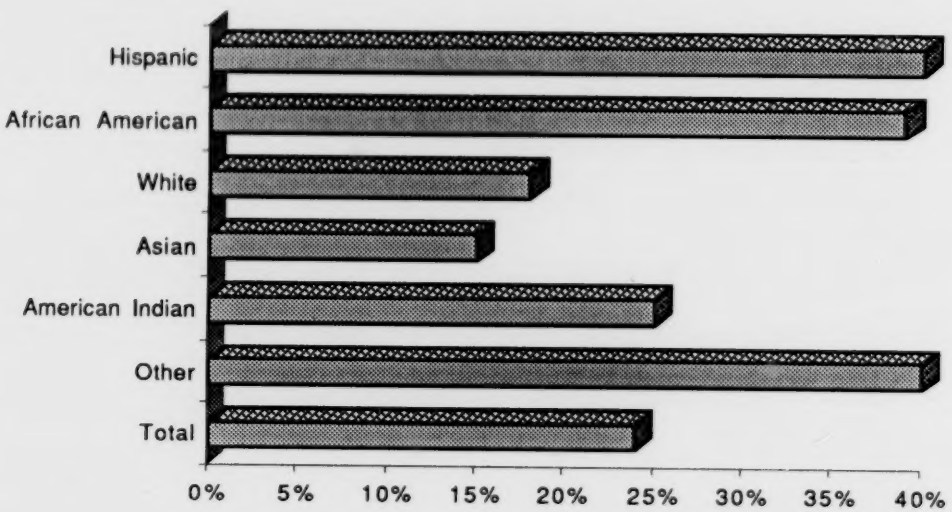
This section provides an overview of the poverty rates for children in Texas and then focuses on the extent of poverty among Hispanic children. More specifically, data on poverty along the Texas-Mexico border region includes information on the conditions of families living in pockets of concentrated poverty, as well as insights into these conditions provided by local service providers in the border area. Finally, the consequences of poverty for Texas children are discussed.

Child Poverty Rates in Texas

In 1990, as indicated in the graph below, children made up 28.5 percent of the population in Texas for a total of 4,835,839 children. In 1991, one in four children in Texas were poor. Children are classified as poor if they live in a family with an income below the official U.S. poverty guidelines. In 1990, for example, a family of four was considered in poverty if their income was $12,675 or less.[4]

Texas' child poverty rate is higher than the national average, which was 20 percent in 1990, and higher than the rates of the vast majority of other states in the country. Texas ranks forty-second in the nation in child poverty, with only eight states having higher rates of poverty.

Percent of Children in Poverty in Texas by Ethnic Group, 1990

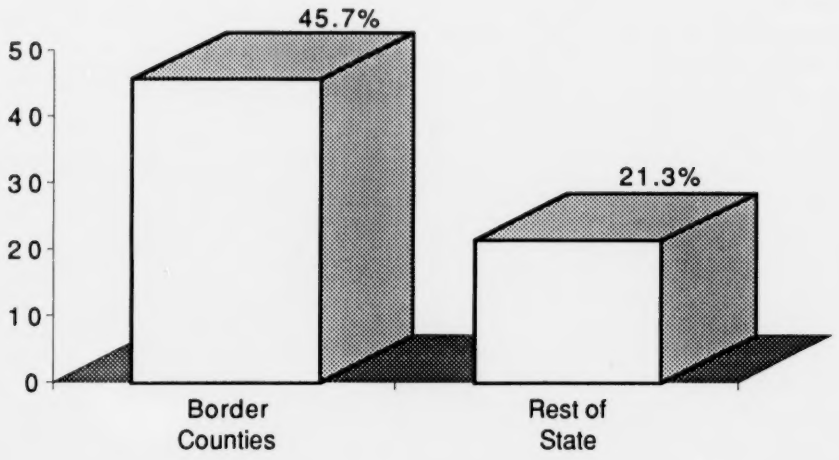


Furthermore, the percent of children in poverty in Texas grew slightly between 1985 and 1991, from 22.7 percent to 24.1 percent. This increase was in direct opposition to national trends during the same period, which saw child poverty improve by 6 percent.

Child Poverty Rates Among Hispanics in Texas

Hispanic children in Texas are almost twice as likely to be poor as other children; fully 40 percent of Hispanic children in Texas are poor compared to 18 percent of white children.[5] Children living in the border area are predominantly Hispanic and poverty rates for this region reach alarming proportions. In Cameron, Hidalgo, Willacy, and Maverick counties, more than half the children are poor. In Starr County, one of the poorest counties in the nation according to the 1990 census, two out of three children are poor. In El Paso County the rate of Hispanic child poverty is slightly lower – 36 percent – than that of the state average for Hispanic children.[6] Overall, as shown in the chart below, the child poverty rate in the border region is 45.7 percent compared to 21.3 percent in the rest of the state.

Percent Children (0-17 years) in Poverty



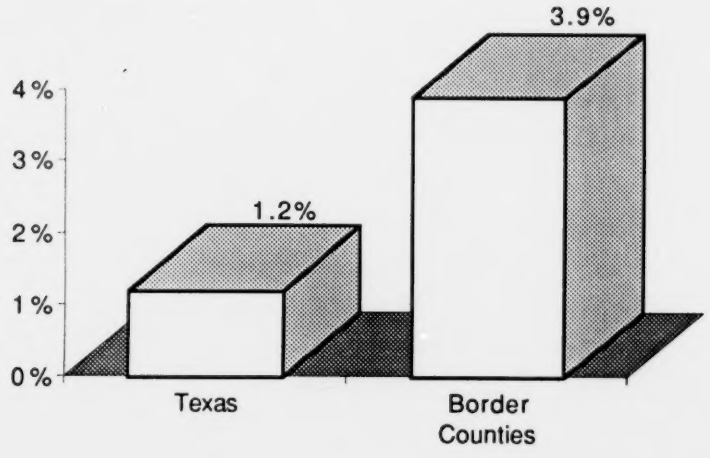
Source: Children's Defense Fund. Note: Those of Hispanic origin may be of any race.

Children Living in Pockets of Concentrated Poverty: *Colonias* Along the Texas-Mexico Border

Numerous unincorporated rural subdivisions found along the Texas-Mexico border, known as *colonias*, endure severe poverty conditions. Over 97 percent of *colonia* residents are Hispanic, and the majority (64.4 percent) are U.S.-born.[7] *Colonias* are highly concentrated pockets of poverty that are physically and legally isolated from nearby cities. It is estimated that there were 1,193 *colonias* along the Texas-Mexico border with an estimated population of 279,863 in 1992.[8] While *colonias* exist in virtually every county along the border, the majority are located in the Lower Rio Grande Valley (Cameron, Hidalgo, and Willacy counties) as well as Webb and El Paso counties. Although some *colonias* are very old, dating back to the early 1900s (and some even earlier), most developed in the 1970s and 1980s.[9]

Children living in *colonias* face extremely poor living conditions. The majority of *colonias* lack basic infrastructural facilities, including access to potable water, electricity, garbage collection, and paved streets. Housing is substandard, typically overcrowded, and has inadequate plumbing and sewage disposal systems. The rate of inadequate plumbing in residences along the border is more than three times that of the state as a whole (U.S. Census), as illustrated in the graph below. Social, medical, and recreational services are virtually nonexistent. In addition, *colonia* residents do not have access to many public services such as public transportation.

Percentage of Households with Inadequate Plumbing



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Local social service providers along the border emphasize that serious discussions about the problems of their cities must include the impact of neighboring *colonias*. According to both residents and service providers, the growth of *colonias* is in direct relationship to the lack of affordable housing in the city. Other factors mentioned include the less restrictive zoning and land use regulations of non-incorporated areas in Texas.

Residents in *colonias* are characterized by low educational, occupational, and income levels. A recent survey of colonias in the Rio Grande Valley and El Paso indicates that three-quarters of the heads of households did not complete high school. Furthermore, over half of *colonia* residents are in agricultural or construction occupations and the average annual household income in 1988 was $9,137. Unemployment levels in *colonias* exceed 40 percent.[10]

The Local Perspective on Poverty Along the Border

Invariably, community service providers identified poverty as the main problem facing children in the border area. Field visits and interviews with over fifty providers from Brownsville, Eagle Pass, and El Paso revealed that poverty along the border is associated with four major factors that characterize the region and will be discussed later in the report: (1) low wage levels, (2) lack or shortage of jobs, (3) low educational levels, and (4) low skill levels. Three issues related to poverty are of great concern to local leaders: (1) the effect of poverty on family organization, (2) the political isolation of the border from the state and federal government, and (3) the social impact of the North American Free Trade Agreement (NAFTA).

Poverty and Family Organization

Poverty and unemployment create a chain of problems for families. Service providers commented on some of the implications of family poverty and underemployment for children. One director of youth services in the border area emphasized that the economic hardships facing parents directly affect children's educational attainment.

> **They don't go to school because they want to help the family.... And that's why a lot of students are dropping out—because their parents don't have a job. (Youth services coordinator, El Paso, November 19, 1993)**

Furthermore, a social worker in the area pointed out the increased frequency of child neglect among families as parents struggle to earn a living.

> **Many children are left alone at home to care for their siblings. This is a direct link to the economic situation in the community. Many families are struggling to survive just to maintain basic necessities. (Social worker, Eagle Pass, August 23, 1993)**

Across the board, the family disruption caused by poverty was perceived by professionals as the key to problems in physical health, mental health, juvenile delinquency, education, child development, and the delivery of child and family services in the border area. Without attacking poverty, they believe, little can be done to address the resulting problems for Hispanic children.

The Political Isolation of the Border Communities

A second priority related to the problem of poverty, from the perspective of local community leaders, was the isolation of the border from state and federal policy and decision-makers. Local community leaders and service professionals consistently expressed that the economic and social problems of the border area were often ignored, neglected, or misunderstood by the rest of the state. One professional reported on the resulting shortages in a number of areas.

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The main problems that border residents face are lack of education and employment opportunities for parents. There is a lack of comprehensive health care, transportation, clinics, and adult basic education. All of this translates to finances. El Paso is distant from the Capital: few politicians truly understand the needs of the border. (Community development director at health organization, El Paso, July 21, 1993)

In part, the geographic isolation of the border region makes it difficult for local leaders to be politically active and influential at a state or federal level. One hospital representative commented on the difficulties faced by border area medical facilities.

Often decisions are made at these (state) levels that will drastically affect the border area, and they neglect to bring the border region into the decision-making process. (Hospital executive, El Paso, July 21, 1993)

Local community administrators and service providers repeatedly referred to the comparatively low levels of funding from state and federal sources provided to border cities for education, health, mental health, and juvenile services, recreational facilities, housing, and so on. As a result, they report, many people in need remain unserved or underserved.

More people are accessing mental health services. However, the Center has huge waiting lists and is not able to serve everyone in need. There is an increase in the severity of the problem; that is, abuse and neglect, family violence, and so on. There is an increase in violent crime among young people. Gangs have always been in existence, but they are becoming more and more violent. There are no activities available for youth who do not have money. The amount of money that goes to children's services from the state is proportionately very low. The Child Guidance Center deals with 'ruined' families rather than focusing on prevention. (Social worker at child guidance center, El Paso, July 20, 1993)

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The Social Impact of NAFTA

Another issue of primary concern to families in Texas border communities related to their economic well-being is the impact of the North American Free Trade Agreement (NAFTA). NAFTA, which creates a free-trade zone between Canada, the United States, and Mexico will inevitably have a significant impact on the entire border region. Although the Texas economy has already felt the impact of lowered trade barriers with Mexico due to the latter's agreement in 1986 to join the General Agreement on Tariffs and Trade (GATT), the passage of NAFTA promises to accelerate changes in the state's economy and the border economy in particular. The Texas Comptroller's Office, for example, predicts that the treaty will be directly responsible for creating 113,000 jobs throughout the state by the year 2000.[11] Nevertheless, even supporters of the treaty concede that, at least in the short term, NAFTA will create significant job losses in the agricultural and apparel industries, as well as in trade, each of which is critical to the South Texas economy. Conservative estimates suggest that these three industries will suffer a combined loss of 10,900 jobs statewide by the year 2000.[12] Some of these job losses may be countered by new federal, state, and county projects along the border.

Local community leaders generally expressed the belief that NAFTA will have positive long-term effects on the border. However, they do not believe that the border region is adequately prepared to deal with the industrial and population growth that is expected to occur.

> **El Paso does not have the infrastructure to deal with NAFTA. El Paso will not be able to provide adequate social, educational, and health services. The quality of water and air will affect the quality of life. What is needed is a U.S./Mexico Border Health Organization that would serve the entire border—an organization that would work with both sides of the border. In addition, there is a need for more direct input from community and involvement in policy decision-making. (Director of community health center, El Paso, July 22, 1993)**

Clearly, local community leaders are concerned with the ramifications that the implementation of NAFTA may have on the economic and physical well-being of families and children along the Texas border region if it is not accompanied by more adequate planning and resources. In the short run, family members, particularly women, may suffer from increasing job shortages. In the long run, the current service system may be unable to meet the demands of an enlarged population of families supported by low-income jobs.

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The Consequences of Poverty

Although there is little data on the direct effects of poverty on children specific to Texas (or specific to Hispanic populations), numerous studies at a national level indicate the overall impact of poverty on children.[13] Children who are the products of a life of poverty have serious setbacks in terms of cognitive development as well as in other areas of development, display more behavioral problems, and perform less well in school. Children of poor families

- have higher rates of mortality from all causes, and are at a higher risk for congenital abnormalities, accidents, and violence
- experience more socio-emotional problems, such as depression, poor peer relations, low self-confidence, conduct disorders, and psychological disorders
- are chronically exposed to stressful environments, which put them at a greater risk for developmental and behavioral problems, including impaired language development, poorer emotional adjustment, and increased problems in school
- lose more time from school as a result of illness
- are more likely to have low grades, poor attendance, and higher dropout rates
- have higher rates of teenage pregnancy.

Poverty affects not only all aspects of the lives of Texas children, but the entire community as well. The consequences of poverty are both immediate and far-reaching. Living in a poor family means having unmet needs: it means not having enough to eat, living in substandard housing and in deteriorating neighborhoods, lacking adequate supervision, going without adequate health care, and having limited opportunities for involvement in enriching activities. For these children there is little stability and less hope, thus reducing their chances of becoming productive. Translated into economic terms, when we allow another generation of Texas children to grow up poor, we create a labor force that is not prepared to meet the changing employment demands of industry, and, in turn, we constrain the economic expansion of all our communities. In particular, when an entire region of the state and the fastest growing minority population experience poverty rates far above the state average, the result is a future burden that will constrain both individual and collective potential.

EMPLOYMENT

Poverty is closely linked to the unemployment and underemployment trends that mark the border counties and the lives of Hispanics throughout Texas. While new jobs are expected to be created as a result of the North American Free Trade Agreement (NAFTA), the population of workers in the border region will also increase as new workers migrate from Mexico.[14] Studies on the effects of NAFTA have predicted the loss of jobs including border retail trade, agriculture, and apparel manufacturing. At the same time, new jobs will be created that will demand technical skills and training. The State Job Training Coordinating Council predicts that by the year 2000, only 27 percent of the jobs will be low-skill, service-sector jobs, as compared to 40 percent today.[15]

This section provides an overview of employment issues in Texas and along the border. It then examines employment issues more specifically for Hispanic youth statewide and along the border.

Unemployment Rates in Texas

Unemployment statistics vary considerably by ethnicity in Texas. As indicated in the table below, the unemployment rates for Hispanics are significantly greater than for the labor force as a whole.

Unemployment Rates in the Texas-Mexico Border Counties

	TOTAL			HISPANIC		
County	Labor Force	Unemployed	Rate	Labor Force	Unemployed	Rate
Brewster	3,758	121	3%	1,459	73	5%
Cameron	112,245	14,891	13%	90,499	13,651	15%
El Paso	262,199	30,154	12%	177,409	24,106	14%
Hidalgo	168,499	30,659	18%	144,869	29,135	20%
Hudspeth	878	30	3%	469	29	6%
Jeff Davis	1,040	60	6%	369	28	8%
Kinney	1,028	98	10%	522	77	15%
Maverick	13,939	3,491	25%	12,764	3,461	27%
Presidio	2,916	1,115	38%	2,306	985	43%
Starr	15,898	4,508	28%	15,422	4,484	29%
Terrell	847	60	7%	436	44	10%
Val Verde	15,028	1,984	13%	10,334	1,707	17%
Webb	58,751	5,968	10%	54,111	5,814	11%
Zapata	3,779	550	15%	3,297	497	15%

Source: Texas Employment Commission, January, 1993.

The high unemployment rates among Hispanics in Texas are strongly reflected in the border region. Indeed, unemployment rates are very high in the counties that border Mexico compared to the rest of the counties in Texas.

Teen Idleness

The job shortages that affect all workers also affect teen workers. Just as their parents suffer from unemployment, so too do Hispanic teenagers. Across the state, figures for teen idleness indicate the degree to which Hispanic teens are both out of work and not attending school. Nearly 11 percent of Hispanic teens are not in school and not in the labor force, compared to a state average of 7.8 percent of all teens.

Furthermore, while teen idleness is certainly a problem elsewhere in the state, there is a significant concentration of high levels of teen idleness along the border, and indeed throughout the Rio Grande Valley. As service providers pointed out, teen idleness has a significant impact on families and children alike.

> **The number of street children has considerably increased. Those children are generally between 10 and 17 years old; but often they are also younger. Many of these children in and of the streets do not attend school and are without supervision. Frequently, their families fall between the cracks of the system and do not know how to access or re-access it. (Child protective services worker, El Paso, November 18, 1993)**

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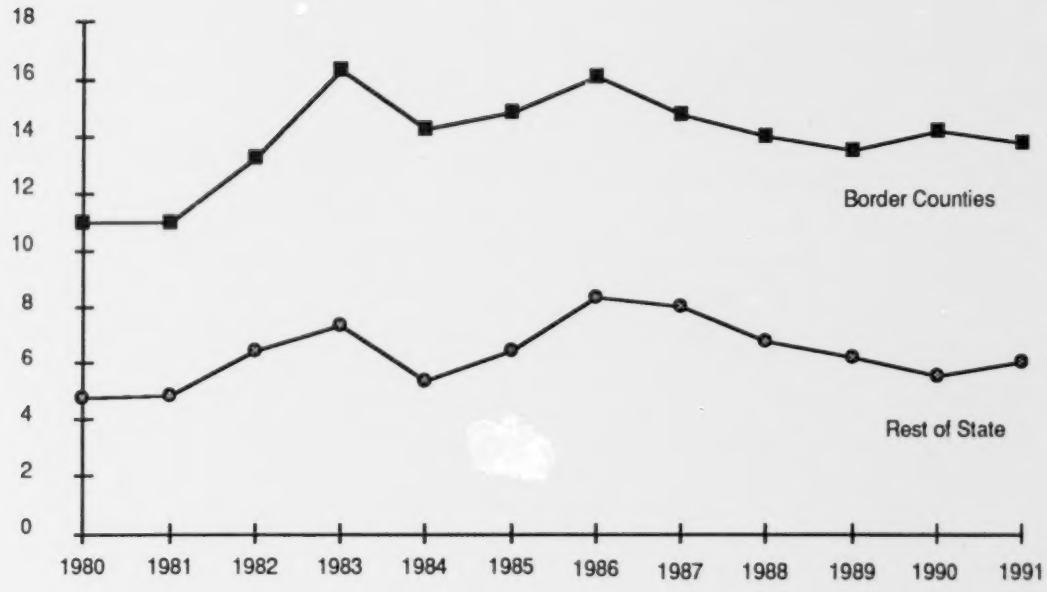
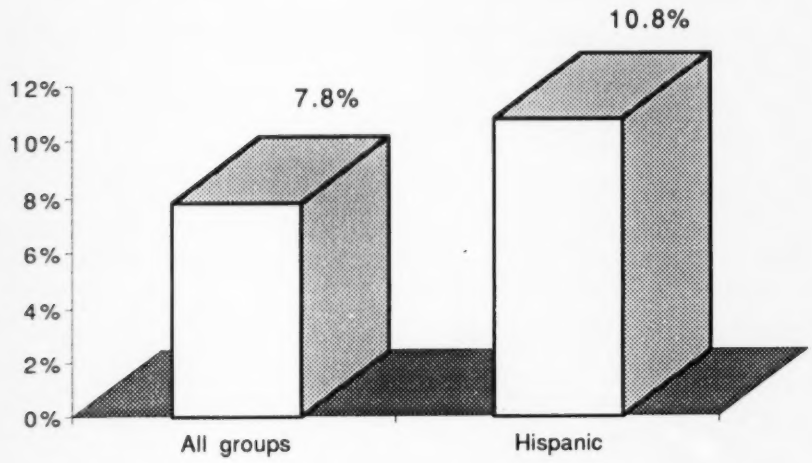
Unemployment Rates in Border Counties



Not only is there dramatic unemployment among Hispanics, but jobs for many Hispanics congregate in a very narrow range of occupations. Hispanics in Texas are far more likely to be employed in the agricultural and service sectors, than in other occupational areas. Service and agricultural occupations are unlikely to provide such workers with livable wages and regular employment.

Percent Teens 16-19 not in school and not in the labor force, 1990



Many teenagers in the heavily Hispanic border region are neither registered in school, nor are they employed. This problem is mirrored in the school drop-out rates for Hispanic children.

EDUCATION

Many teen youth who are unemployed are also not staying in school. School drop-out problems are a significant issue in Texas, and a major issue for Hispanic children. For some families, education becomes secondary to the acquisition of basic necessities. However, local service providers report that many Hispanic families value education and make sacrifices to keep their children in school. These families see education as the only means to break out of a cycle of poverty. In spite of the problems facing Hispanic children, many see education as an important avenue for escaping their present circumstances and improving their lives.

The only way I can get out of El Paso, out of the life I know I will have is through my education. ... if I stay here, I'm gonna end up just like working all my life, working hard for nothing just to get by. (Youth focus group, El Paso, November 17, 1993)

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This section reviews the educational demography of Hispanic children in Texas and in the border counties. In addition to parental unemployment, several other factors contribute to the poor educational record of the border region. For example, the border region has difficulty attracting and keeping qualified teachers.

> **It's always a big problem... to bring in teachers. We have a lot of substitute teaching going on within the sciences and maths. (School official, Eagle Pass, November 17, 1993)**

Teachers from border schools are faced with a disproportionate number of students who live in overcrowded or substandard housing conditions, are malnourished, and come from homes where English is not the primary language. This section also raises issues specific to this population including bilingual education, the education of migrant children, education in the *colonias* and for immigrant children. It also presents the perspectives and concerns of local communities on educational issues and on the implications of the North American Free Trade Agreement (NAFTA).

Educational Attainment in Texas

During the 1992-3 school year, 35 percent of children in Texas public schools were Hispanic (1,237,510 children). This is a 2.1 percent increase over the previous year. Educational attainment is very low, both in Hispanic urban communities and along the border.

Percent of Persons Aged 25 and over who have Completed High School

County	Percent
Brewster	73.2
Cameron	50.0
El Paso	63.7
Hidalgo	46.6
Hudspeth	48.1
Jeff Davis	69.5
Kinney	56.2
Maverick	35.7
Presidio	43.9
Starr	31.6
Terrell	66.3
Val Verde	56.1
Webb	47.8
Zapata	50.1

From U.S. Bureau of the Census, Department of Commerce, 1990 Census of Population and Housing.

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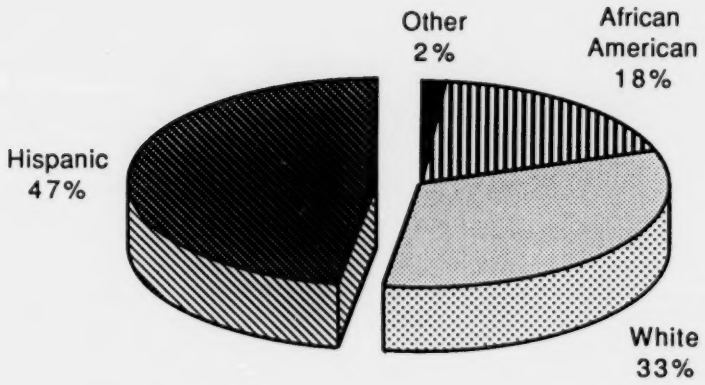
Although school drop-out data has been particularly difficult to verify, it appears that overall, the drop-out rate for Hispanic children in Texas is disproportionately high. One urban community reported a drop-out rate of 75 percent between the freshman and senior years of high school.[16]

In 1991-1992, school districts reported 53,420 dropouts in grades 7 through 12. As the table below indicates, almost half the reported dropouts were Hispanic; one-third were white; and over 18 percent were African-American (*Snapshot '93*, TEA). The annual drop-out rate (calculated by dividing the total number of dropouts by the total number of students enrolled in Grades 7-12 in 1992-3) was 5.5 percent, compared to 2.5 percent for whites and 4.8 percent for African Americans. Some research suggests that a significant number of Hispanic children drop out before the 7th grade and would therefore not be represented in these statistics. Furthermore, once having left school, Hispanic teens are likely to remain underemployed or unemployed, thus contributing to problems of teen idleness.

1991-92 Dropouts



Education in the Border Area

According to many of the focus group participants, the rate of high school drop-outs in their communities is alarmingly high. In Cameron County, for example, almost 40 percent of the persons 25 years and over, dropped out of school before the 9th grade and over 50 percent never completed high school.[17] A major factor that contributes to this trend is

the high unemployment rate documented earlier along the border. Unemployment rates have increased to over 13.7 percent in the last few years.[18] Parental unemployment forces some children to leave school for menial jobs to help support their families.

Bilingual Education

Bilingual education programs are in high demand for many border schools but there are not enough bilingual education teachers. Insufficient resources occasionally force school administrators to place Limited English Proficient (LEP) students in remedial or "special education" classes. These children are often inappropriately labeled as having learning disabilities. In this regard, the educational system in Texas falls short of meeting the academic needs of many Hispanic children.

Migrant Education

Throughout much of the border region, there are large pockets of migrant and seasonal farm workers. Migrant children make up approximately 23 percent of the student population in border schools.[19] Often, farm worker families migrate north two to three times a year, disrupting their children's education and causing them to lag behind their peers in school achievement and grade level advancement.

Migrant/Seasonal Population

County	Migrant/ Seasonal Population
Brewster	256
Cameron	48,058
El Paso	4,147
Hidalgo	203,204
Hudspeth	614
Jeff Davis	0
Kinney	518
Maverick	21,542
Presidio	2,343
Starr	31,077
Terrell	65
Val Verde	11,294
Webb	12,236
Zapata	7,512

Estimate of workers with dependents from 1990 U.S. Census.
Office of the Governor (1993). *Health and Human Services Issues: U.S. (Texas)-Mexico Border.*

A lot of parents are migrant workers. When they go up North, they take their kids out of school. When they come back in the Fall, the kids fall back. Many kids who don't join their parents stay with other family members and jump from home to home. They have low self-esteem and think that nobody loves them. (School teacher, Eagle Pass, December 16, 1993.)

This lack of continuity makes it extremely challenging for migrant children to achieve academically and is equally challenging for the teachers who work with them.

Community Perspectives

In interviews, many border residents expressed the need for additional educational opportunities beyond high school such as technical and vocational training programs. Because opportunities for higher education are either limited or too selective, many felt it was extremely important for border communities to offer alternatives for young people to gain skills to enter the workforce.

What youth need is vocational/technical education, a 'Centro de Capicitacion' or vocational/technical training school. This training would not require youth to have completed all schooling or to leave school. For example, classes would be offered from 6-10 p.m. The youth would get out of school and instead of hanging around in the streets doing nothing, they could be receiving training. (*Colonia* resident, Brownsville, December 21, 1993)

In 1993, the Texas Legislature granted $460 million to institutions of higher education in South Texas and along the border.[20] Although many would agree that this is a positive step towards the improvement of educational opportunities for young people, some residents — particularly *colonia* residents — are concerned that higher admissions standards will keep their children from attending these universities.

Education in the *Colonias*

Children residing in *colonias* face even greater challenges in education. Three out of four heads of households in the *colonias* never completed high school.[21] Only nine percent of the children raised in the *colonias* attended college and of that number, three out of four did not graduate.[22] Thus, children in *colonias* have few role models who have excelled in education. Other obstacles *colonia* children contend with are substandard living conditions, including unpaved streets, inadequate plumbing and water supplies. When it rains, the

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roads flood making it virtually impossible for school buses and other vehicles to drive through. Children are forced to either walk through nearly impassable pathways to get to school or stay at home. (The research team had to reschedule the focus group meetings with *colonia* residents several times due to flooding.)

The parents who participated in the focus group also communicated the need for basic clothing necessities like shoes and coats for their children. They were unaware that schools have programs that provide clothing essentials (or vouchers to buy them).

> **Last year, a school nurse brought us two brothers who were going to school on different days. One would go one day and the other would go the next. They were sharing one pair of shoes. (South Texas school teacher as quoted in the *Austin American Statesman*. July 31, 1993. p. A9)**

Education for Immigrant Children

The education of immigrant children has been a popular topic of debate among U.S. border states recently. In interviews for this report, however, some border school officials felt that the issue has been blown out of proportion. One school official from the Brownsville Independent School District monitored the education of "illegal immigrants" in her school district. She investigated the theory that children cross the border from Matamoros every morning to go to school in Texas. Her findings indicated that the only children that crossed the border on a daily basis were those who attended private schools. She also tested the premise that if children were illegally crossing the border daily to attend public schools in Brownsville, then the schools closest to the border would be the ones facing overcrowded conditions. Her investigation revealed, however, that the most overcrowded schools were those farthest from the border. According to one south Texas school superintendent, schools are not required to be concerned with whether the child is legal or illegal, but rather with the question of residency.[24]

The Implications of NAFTA on Education

Community residents recognize the strengths of their geographic and cultural position.

> **We're more culturally aware ... ethnically, language, having different beliefs.... We're tolerant– we have to learn to be tolerant of two cultures because we are of two cultures and very proud. (Teenager, El Paso, November 17, 1993)**

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However, they also see an increasing gap between the skills required of the workforce and those possessed by Hispanic youth. With the implementation of NAFTA, more jobs will become available in technical and service fields and less in agriculture, manufacturing, and retail. Workforce improvements depend upon better basic education in addition to specific skills development (Governor's Office, 1993). Many community leaders believe that providing technical training opportunities for youth is critical because it will enable them to stay in the region and acquire adequately paid employment. This, in turn, will lead to overall economic development and stability of many border towns.

HEALTH

Hispanic children in Texas face a number of health problems, which threaten their vitality. The picture for children living along the Texas-Mexico border is even more complicated. Children are a rapidly growing segment of the population in poverty and appear particularly vulnerable to certain health risks.

Although in 1992 Hispanics comprised close to 26 percent of the total population in Texas, the proportion of Hispanic babies born in Texas was much higher (39%) and the proportion of children on Medicaid is higher still. In 1992, 47.5 percent of all children less than one year old who received Medicaid were Hispanic and 50 percent of 1-14 year olds who received Medicaid were Hispanic. Furthermore, Texas had the highest percentage of children without health insurance (22.5%) in the nation.

The high poverty rates among Hispanic families in Texas make Hispanic children particularly vulnerable to serious health problems. Children in poor households are more likely to be exposed to health risks as well as the emotional stresses that prevent healthy development. The high degree of poverty is linked to a high incidence of inadequate prenatal care, low birthweight babies, early childbearing, learning disabilities leading to low educational attainment, and higher incidences of infant and child death (National Research Council, *Losing Generations*, 1993). Furthermore, children and adolescents who live in poor households are more often exposed to environmental dangers that put them at risk, both physically and developmentally. These dangers include a variety of risks ranging from lead-paint poisoning to exposure to acts of violence in crime-ridden neighborhoods.

Health Problems of Hispanic Mothers

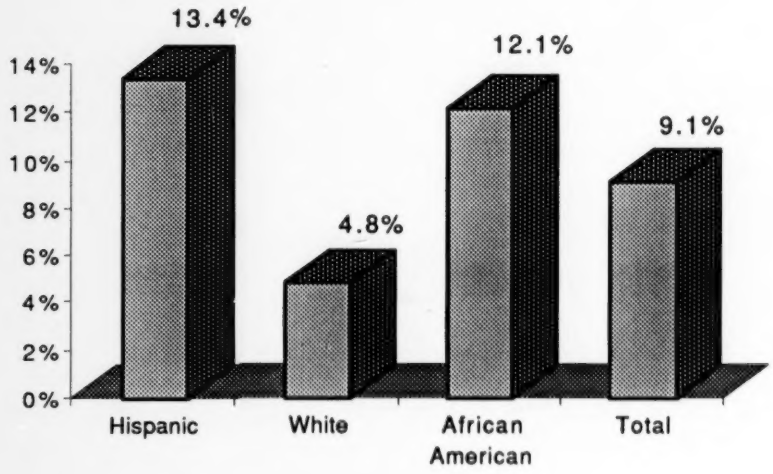
Health problems affecting children often begin with the health problems affecting their mothers. This review of the health demography of Hispanic children highlights some

of the difficulties in assessing their overall health condition from both the perspectives of mothers and children.

Prenatal Care

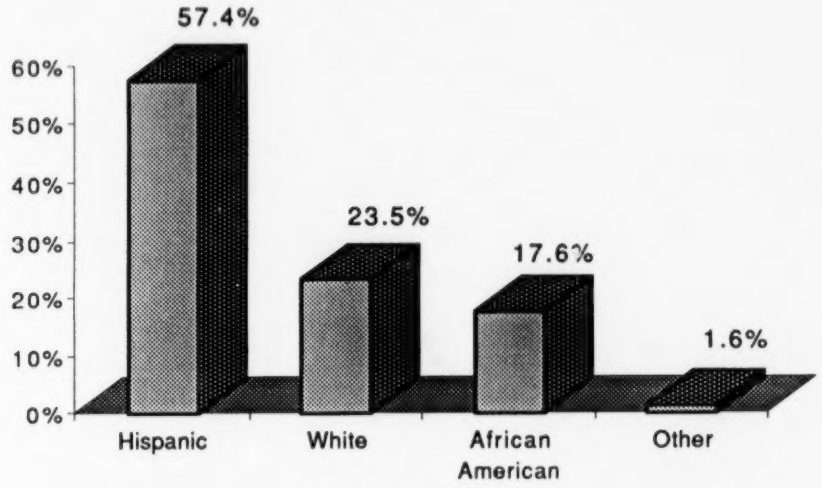
In 1992, 9 percent of the total number of mothers in Texas received little or no prenatal care. Of all Hispanic mothers, 13.4 percent received little or no prenatal care.[25] These percentages may underestimate the number of Hispanic women who received prenatal care since some women near the border go to Mexico for prenatal care.

Percent of All Women Receiving little or no Prenatal Care, 1992



Looking only at the subgroup of mothers who received little or no prenatal care in Texas in 1992, 57 percent were Hispanic even though only 39 percent of all live births were Hispanic. In the counties that border Mexico, 15.6 percent of mothers received little or no prenatal care in 1992 but almost 96 percent of those mothers who received little or no prenatal care in the border counties were Hispanic.[26]

Ethnic Breakdown of mothers with little or no prenatal care in Texas, 1992



Mothers who do not receive prenatal care during their pregnancies are at increased risk of having problems in pregnancy, and their babies are also more likely to have health problems. Furthermore, the probability of infant death increases by at least 10 percent when prenatal care is not received until the third trimester.[27]

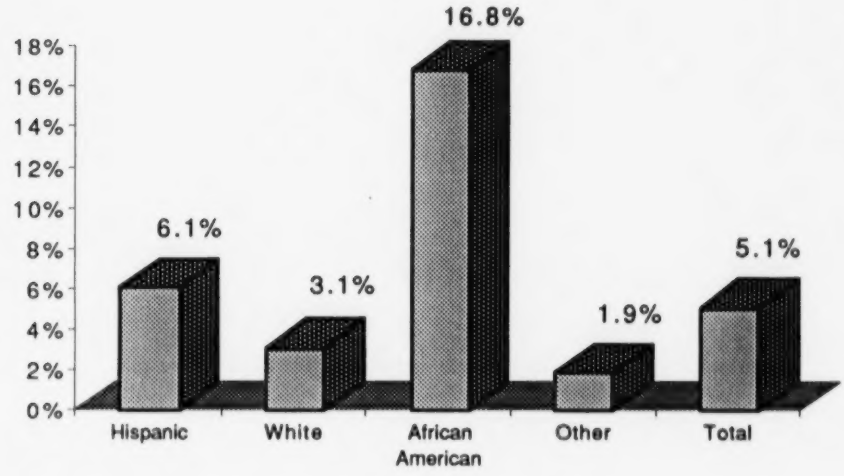
Births to Single Teens[28]

High birth rates among teens are another matter of concern. In 1991, 6.3 percent of all births in Texas were to single teens between the ages of 13 and 19 (19,948 births). In addition, 36 babies were born to children 12 years of age and younger. While nationally there was a 20 percent increase in births to single teens, in Texas the percent of births to single teens remained constant between 1985 and 1991 for the same time period.[29] As illustrated in the chart below, while the percentage of births to all single teens in Texas in 1992 declined to 5.1 percent (19,497 births), the percentage of all Hispanic births that were to teens remained higher than the state overall average (6.1%) and twice as high as the rate for whites (3.1%).

Early childbearing is associated with a number of adverse outcomes for both the mother and the child. The risk of an infant dying in the first year of life is greater for teen mothers.[30] Studies have shown that adolescent parents are especially prone to problems of low self-esteem, discontent, and are unlikely to have learned appropriate parenting skills. Married parents are more likely to have better socioeconomic resources than a teen mother,

who is more likely to be poor, isolated from her peers, and often involved in conflicts with her family over child care responsibilities. Teen mothers are more likely than older mothers to abuse their children.[31] Children of adolescent mothers score lower on standardized tests of language and intellectual functioning. They are more likely to exhibit behavioral problems, ranging from hyperactivity to poor impulse control.[32] Teen mothers often do not have the maturity, resources, and patience to nurture a baby. A child born to a teen who is also poor is at increased risk.

Percent Births to Single Teens, 1992



Health Data of Hispanic Children

The following section will outline the status of Hispanic children in the areas of infant mortality, low birthweight, child death, and teen violent death.

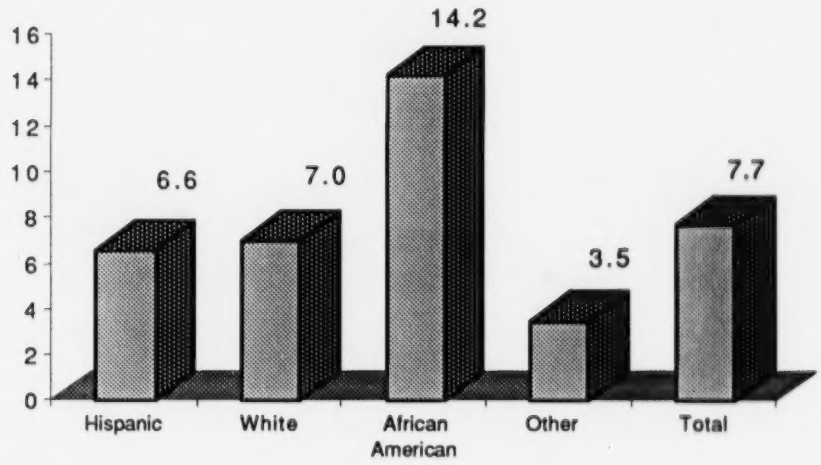
Infant mortality

Factors such as poverty, inadequate prenatal care, and early child-bearing are typically accurate predictors of higher infant mortality rates. In spite of their at-risk profile for infant mortality, studies have shown that infant mortality among the Hispanic population is lower than would be expected. This phenomenon, referred to as the "epidemiologic paradox," is the unlikely occurrence of both low mortality rates among Hispanics with the highly at-risk profile they exhibit.[33] The at-risk profile includes high rates of early

childbearing, higher parities (the number of children born alive to a woman to date), less adequate prenatal care, and higher poverty rates. Typically, a population with this profile would be expected to have high incidence of infant mortality. However, a study of infant mortality over the period of 1935 to 1985 in Bexar county, Texas, found that although Spanish-surname infant mortality was much higher 50 years ago, there has been a major convergence of infant mortality rates between Anglo and Spanish surname infants in recent years.[34] Thus, although Mexican Americans had slightly higher infant mortality rates than did Anglos in 1992, their ethnicity was not a significant determinant of the risk of infant death.

Some child advocates believe that data showing low infant and child death rates for Hispanics is flawed because it does not take into consideration the children who are born in the border region of Texas to Mexican women who have come to the U.S. to give birth and who return to Mexico with their babies. Infant and child deaths of these children would not be recorded in Texas.

Infant Mortality Rate (per 1000 live births), 1992



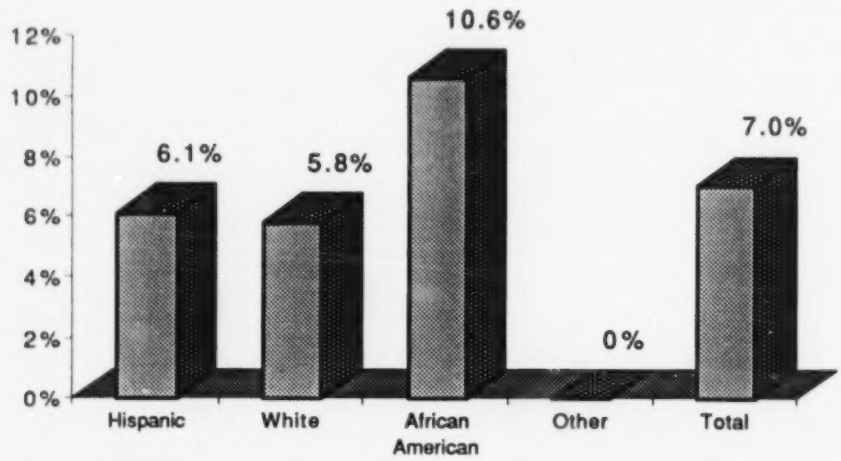
Low birthweight births

The rates of low birthweight births among Hispanic infants are lower than might be expected given the inadequate prenatal care among Hispanic mothers. The risk of infant death is greater when the infant is born with a low birthweight (2500 grams or less). Low birthweight and premature births can cause enormous hospital expenditures related to intensive neonatal care. Many childhood disabilities can also be attributed to these factors.

In Texas, 6 percent of Hispanic babies are born with a low birthweight. This is lower than the state average of 7 percent.

Diabetes is more frequent among Hispanics in Texas, particularly along the border (Webb and Starr counties).[35] Diabetes among Hispanic women has been associated with high birthweight and is one proposed explanation for the low rates of low birthweight for Hispanic babies. Diabetes has also been noted as a factor in respiratory distress syndrome, birth trauma, and perhaps some types of sudden infant death and congenital anomalies.[36]

Percent Low Birthweight Babies, 1992



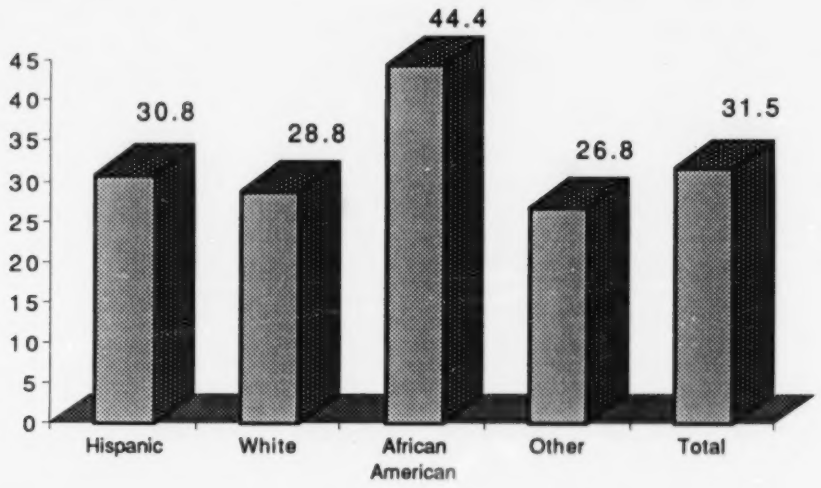
Child Death

Accidents, congenital anomalies (birth defects), and other medical conditions originating in the perinatal period were among the leading causes of the deaths of Hispanic children in 1992. Reports have shown increased frequency of congenital anomalies including neural tube defects (such as spina bifida) and anencephaly (a lethal lack of brain tissue) among Hispanics in regions along the border.[37] For instance, the rate of neural tube defects in Cameron County (Brownsville) nearly doubled between 1986 and 1991.[38] There have also been increased reports (particularly in the Brownsville area) of anencephaly. Interviews with health providers along the border region stress that birth defects represent a serious and growing problem.

In 1992, 31 out of every 100,000 children died in Texas. This rate is unchanged from

1991, but down from the 1985 rate of 36.9. The child death rate among Hispanic children was approximately the same as the state rate (30.8 for Hispanic children and 31.5 for all the children in the state).

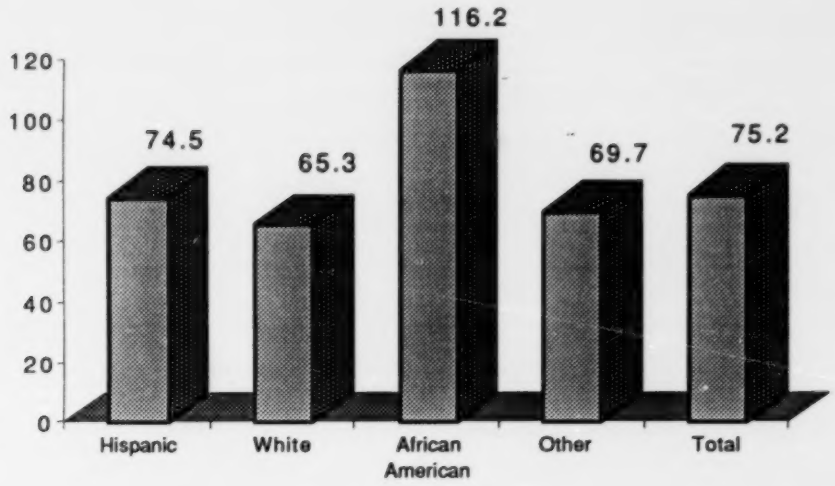
Child Death Rate, 1992 (per 100,000 children 1-14 years)



Teen Violent Death Rate

The violent death rate for teens is higher for Hispanics than for whites. While violent death is increasingly salient as a cause of death for all teens, it remains higher for minority children.

Teen Violent Death Rate (per 100,000 teens 15-19 years), 1992



These outcomes indicate some of the costs paid by Hispanic children for their early health, housing, education, and poverty problems.

Migrant Workers

There are more than 344,000 migrant workers with dependents in the border region.[39] A large percentage of the residents of *colonias* are migrant laborers. According to a study conducted by the Migrant Clinicians Network, the physical vulnerability of migrant farm workers is considerably higher than that of non-migrants. Because of their multiple residencies throughout the year, access to and continuity of care is virtually impossible. As an inevitable consequence, children of migrant families very frequently endure infections during the spring and summer months. When they return in the fall, many of those children fight severe chronic infections.[40] Working conditions can exacerbate these health problems. Children as young as 12 can be found working in the fields. Both children and adults become extremely fatigued and are more susceptible to accidents, heat stress, dehydration, infectious diseases, and diseases related to pesticides and lead.[41]

Data from migrant health centers in the area (and in other parts of the country) show that the socioeconomic, educational, and health profiles of migrant and seasonal farm workers diverge significantly from those of the rest of the population. A representative from a community program in Brownsville, with a clinic in the *colonia* of Cameron Park, identified the migrant and seasonal farmworker population as the neediest in the *colonia*

population.[42]

In general, not only the rates of illness but also accidents are higher for migrants than for the non-migrant population. The hazards of migratory farmwork affect not only the adults but also their children, who are constantly exposed to the same risks as their parents. Many migrant children are as young as 12 or 13 when they start working in the fields. These children, faced with the rigors of work in the fields, become extremely fatigued and highly susceptible to illnesses caused by their environment, including infectious diseases related to pesticide poisoning, kidney and lung disease, high lead levels, heat stress, and dehydration.[43] Even children who do not work are at risk because parents without access to day care facilities sometimes leave their children at home unsupervised, in a locked car, or under the care of older siblings.

Since Maverick County has a high percentage of migrant population (59.2 percent), both infrastructural and financial access to health care is difficult for many families. According to the Eagle Pass Focus Group participants, migrant mothers are more likely to bear children with abnormalities and developmental delays than more sedentary women. (Staff member of Early Childhood Intervention Program, Eagle Pass, December 19, 1993)

In Texas, there are only 17 community health centers receiving $5.2 million in federal funding from the Migrant Health program to serve migrant and seasonal farm workers in their communities.

Health Care Delivery/Health Professional Shortage Areas

All but one of the border counties have been identified by the Texas Department of Health as completely or partially "Health Professional Shortage Areas" (HPSA).[44] A county has health professional shortage areas if the population to full-time equivalent primary care physician ratio is at least 3,500 to 1; or if the area has a population to full-time equivalent primary care physician ratio of at least 3,000 to 1, and has an unusually high poverty rate, infant mortality rate, or fertility rate; and primary medical care professionals in adjacent areas are either over utilized, excessively distant, or inaccessible to the population of the area.

The *colonias* (impoverished and unincorporated housing developments) are particularly vulnerable to health care shortages. Living in *colonias* has negative consequences for children's health. In the *colonias* of the Rio Grande Valley and El Paso the incidence of

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Third World diseases occurs at levels close to those in the Third World. The incidence of tuberculosis was 3.9 percent and the incidence of hepatitis was 6.2 percent in 1988. In the last three years the incidence of TB has increased 100 percent.[45] The percentage of households with untreated dental problems was nearly 19 percent. Finally, fifteen percent of *colonia* households indicate that they do not usually have enough to eat. Yet, of those, nearly one-third receive no food stamps or other types of food assistance.[46] Furthermore, because of the lack of health insurance and the inability to afford medical care, a full 29.9 percent of residents reported that they obtain their medical care less expensively in Mexico.

Pollution

Many areas along the border do not have enough clean water. The border region along the coast exhibits severe coastal pollution and areas of the interior are classified as having "human-induced salinization" of the ground water. When too little water is available, or when the water is polluted, health problems such as hepatitis, gastroenteritis, polio, cholera, and chronic or acute poisoning effects can greatly increase.[47]

One of the most shocking and most frequently quoted studies, conducted by the University of Texas Health Science Center in San Antonio, states that in the small community of San Elizario, outside of El Paso, approximately 35 percent of the children had already been affected with Hepatitis A by the age of 8, and by the age of 35 years 90 percent of the residents had been affected with the disease.[48] Overall, Texas' Hepatitis rates are five times the national average.[49]

The scarce supply of uncontaminated water poses a major health risk in the *colonia* settlements. Many of the wells in the El Paso area, for instance, are contaminated because they are in shallow sub-surface ground water. Water from deeper wells is less dangerous, but the people of the *colonias* cannot afford to dig deep wells.[50]

A Texas Attorney General described in testimony submitted to the Environmental Protection Agency in 1991 in El Paso:
People will haul water and store it in 55-gallon drums. The El Paso City County Health Department conducted a survey of one *colonia* that had no potable water and found that about half the people stored water in this type of drum and that 70 percent of those drums were labeled indicating the contents were toxic, such as methylene chloride, stoddard solvent and trichloroethane. People will use water from wells which have been contaminated by outhouses and septic tanks which are located 20 to 50 yards of these wells. (Rich 1992: 21)

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Airborne pollutants are particularly problematic along the Texas/Mexico border. Causes include tire burning, auto exhausts, pesticide spraying, lead, and coal mining. These pollutants can cause severe respiratory and intestinal diseases.

> **Probably the most common problems here are allergies and respiratory disease (such as bronchitis, asthma, pneumonia). The reason is first, the lack of drainage. Water accumulates and as a result of the humidity, people pick up these respiratory problems. Another reason is the lack of paved streets results in a great deal of dust blowing in the wind which causes allergies. The main medical problems of children are throat infections, asthma, and intestinal (stomach) infections. Another serious medical issue is the lack of dentists. People of all ages require this care, but it is not available. (Colonia resident, Brownsville, December 21, 1993)**

Much of the land along the border has been contaminated from the waste of various industrial activities, including, gas fields, oil basins, the use of solvents, mining (such as copper, zinc, molybdenum, silver), the agricultural use of fertilizers and pesticides, and the "maquilas" (assembly plants). The land is also contaminated with microorganisms, due to a severe shortage of clean water and proper sewage facilities.[51]

Mental Health

There is very limited accessibility to mental health care in the area along the border and the care that is available is fragmented. According to one study in the El Paso area, it was only physical conditions, like chest pain, fever, and vomiting that were considered important; while crying, sadness, and headaches were considered less serious (University of Texas System 1990).

Service providers in El Paso reported a lack of qualified health professionals and a lack of education for families about mental health services that are available. The main mental health problems were identified as depression, attention deficit/hyperactive disorder, abuse, neglect, and alcohol and drug abuse problems. However, long lines and waiting lists suggest that more and more people are interested in mental health services.

Several border area service providers indicated that an overwhelming number of young people are turning to highly dangerous inhalants as a means of "getting high." One probation officer labeled inhalants as the "poor man's drug" because they are inexpensive and very accessible.

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Alcoholism was described as a "common denominator" among many of the troubled youth participating in counseling programs along the border. Although alcohol abuse may not be unique to the border region, counselors and professionals pointed to a lack of residential treatment centers in the region.

The Effect of NAFTA on Health along the Border

NAFTA is likely to have an impact on the health of the border population. Although the Mexican legislature passed a comprehensive environmental protection law in 1988 as stringent as those in the United States, it has been insufficiently enforced. An increase in the number of maquiladoras resulting from NAFTA will undoubtedly place an even greater strain on Mexico's ability to enforce its environmental regulations. This will likely be compounded by significant population increases along the frontier, as workers from the interior of both nations migrate to the border in search of jobs. Consequently, unregulated industrial emissions, inadequate waste water treatment, and the improper disposal of hazardous waste within Mexico will continue to place the health of border residents at risk.[52]

CONCLUSIONS

The issues presented in this report paint a complex picture of the lives of Hispanic children in Texas. To a disproportionate degree, Hispanic children face problems with poverty caused, in part, by the unemployment and underemployment of their parents. As do their parents, children attain relatively low levels of education. They are disproportionately likely to inhabit substandard housing.

In some ways, however, the data portray Hispanic children as buffered from some of the anticipated consequences of poverty. While there are several and conflicting explanations, state level data does not indicate a preponderance of low birthweight babies in the border counties. Furthermore, border counties are not among those counties with relatively high rates of births to single teen mothers or high infant mortality rates. The possibility of undercounts and the difficulties in tracking children and families in border communities makes it difficult to assess the meaning of such data.

However, it is clear that Hispanic children, and children in the border counties do suffer many of the ills associated with poverty and underserved communities. Among the problems that mark a disproportionate number of Hispanic children are high rates of teen idleness (teens neither employed nor in school), high rates of juvenile violent crime arrest

rates, and high school dropout rates. Thus, as Hispanic children grow into the teen years, the incidence of negative outcomes increases.

Many Texas communities are developing innovative programs to combat some of their problems. An example of an innovative agreement exits between the departments of child protective services in El Paso and the border town of Juarez (Chihuahua). They have joined forces to combat child abuse and improve human service delivery to abused children and their families. The "Agreement of Collaboration and Cooperation" was entered into by the Texas Department of Human Services (TDHS; currently the Texas Department of Regulatory and Protective Services) and the Programa Para El Desarrollo Integral de la Familia (DIF) in January 1988. To carry out the proposed objectives, both parties agreed to collaborate in managing, and following up on, child abuse cases that may affect both cities by: assisting each other in obtaining documentation and information as well as conducting home-studies; following up on cases in which families have fled across the border; and exchanging literature and training to help personnel keep their skills current.

The agreement between the El Paso and Juarez child welfare offices illustrates the potential advantages of creating liaison relationships between border communities in productively addressing social problems that affect them both. Unfortunately, such agreements are virtually nonexistent in the other Texas-Mexico border cities. However, a handful of innovative programs have been developed in the areas of health ("Mano A Mano in Brownsville") and juvenile delinquency (the "Border Children's Project" in Brownsville, El Paso, and Laredo). Efforts to improve coordination of services with Mexican border communities have not been officially sanctioned by the state or federal governments.

The participants in this study suggested a range of needed services and innovative practices if Hispanic children's lives are to improve in Texas and in the border area.

Recommendations from participants fall into four categories:

Need for economic development

- Federal funding and subsidies are needed to enhance the provision of health care services in Texas, particularly along the Texas-Mexico border.
- Provide resources for children to become effective workforce participants through:
  * access to bilingual education,
  * increased parental participation programs
  * increased vocational/technical training for youth and adults,
  * practicum opportunities in rural areas for education students,
  * regional grant competitions rather than making rural schools compete with wealthy districts.

Need for more resources

- State and federal policymakers should visit the border region to observe the problems and lack of resources.
- Closer attention should be paid to the equalization of funding across the state for a variety of social programs.
- Incentive programs need to encourage more health care professionals to work in the border counties.
- More school-based health clinics are needed.

Need for international cooperation

- Health care could be improved on both sides of the border through maintenance of health record sharing between Mexico and the U.S., which would provide more accurate data on births, deaths, prenatal care, immunizations, and so forth.
- Cooperative programs for the control of communicable diseases, pollution, as well as the provision of adequate health care including prenatal, immunizations, and well-child care are needed.
- Texas-Mexico collaborative efforts need to be developed that focus on environmental needs such as sanitation, safe drinking water, hazardous waste disposal, and pollution reduction.

Need for more targeted programs and research

- More people from the border area should be appointed to state boards and planning commissions.
- More research is needed of the cultural differences of ethnic groups as they affect families and health. Research that includes an investigation into the link between diabetes and pregnancy outcomes like low birthweight is needed.
- Research that develops a greater understanding of the effect of health care along the border including the effects of mothers crossing the border for health care should be carried out.

Footnotes

[1] This list contains all focus group participants as well as individual interviewees.

[2] Definitions of 'Hispanic' used by the agencies reporting health, census, and crime data are given in Appendix A.

[3] Most references to border counties in this report refer to the following counties: Brewster, Cameron, El Paso, Hidalgo, Hudspeth, Jeff Davis, Kinney, Maverick, Presidio, Starr, Terrell, Val Verde, Webb, Zapata.

[4] Unless indicated otherwise, all the data cited in this section is from:

Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-Being, 1994.*

[5] Bureau of the Census, 1990.

[6] Ibid.

[7] Texas Department of Human Services (June 1988). *The Colonias Factbook: A Survey of Living Conditions in Rural Areas of South and West Texas Border Counties.*

[8] Office of the Governor (1993). *Education Issues (Elementary/Secondary/Higher) Along the U.S.-Mexico Border in Texas and Mexico: Office of the Governor of Texas.*

[9] Ibid.

[10] Texas Department of Human Services (June 1988). *The Colonias Factbook: A Survey of Living Conditions in Rural Areas of South and West Texas Border Counties.*

[11] Texas State Comptroller's Office. "The U.S.-Mexico free trade pact: Payoffs and Tradeoffs." Special Financial Report, November 1991, p. 10.

[12] Ibid: pp. 9-10. Between now and the year 2000, job losses in Texas are also predicted for textile mill workers (900), leather producers (500), primary metal industries (900), and miscellaneous manufacturing industries (300).

[13] Sheldon Danziger and Jonathan Stern (1990). *The Causes and Consequences of Child Poverty in the United Sates,* Ann Arbor, MI: School of Social Work, Working Paper, No. 1990-91-04.

[14] Governor's Office report on *Employment and Worker Training.* (1993).

[15] Ibid.

[16] Lein, Radle, and Radle

[17] Office of the Governor (1993). *Education Issues (Elementary/Secondary/Higher) Along the U.S.-Mexico Border in Texas and Mexico.*

[18] Unemployment rate data from the Texas Employment Commission.

[19] Office of the Governor (1993). *Education Issues (Elementary/Secondary/Higher) Along the U.S.-Mexico Border in Texas and Mexico.*

[20] Austin-American Statesman. October 7, 1994. pp. B1-B2.

[21] Texas Department of Human Services (June 1988). *The Colonias Factbook: A Survey of Living Conditions in Rural Areas of South and West Texas Border Counties.*

[22] Ibid.

[23] *Austin American Statesman.* July 31, 1993. P. A9. Although the officially reported number of births to single teens seems to be remaining constant, some research suggests that this number represents a serious undercount. The number

of births to single teens is based on whether there is information about the father indicated on the birth certificate. In fact, a teen mother was *not* considered 'single' if she gave information about the father on the birth certificate, whether or not she was actually married. Therefore, the actual number of single teen mothers is presumably much higher than indicated by the chart below. Additionally, in the United States, only the resident births are counted for the official births rates. Therefore, births to women who come to the U.S. from Mexico and who report their true place of residence, would not be included in the count of births. In some counties along the Texas Mexico border, a proportion of the births are to Mexican nationals (Selwyn, 1993).

[24] Presentation by Esperanza Zendejas at a conference.

[25] Little or no prenatal care includes prenatal care initiated in the last trimester or none at all.

[26] Information about prenatal care from the Texas Department of Health refers to when the prenatal care began.

[27] Frisbee, P.W., & Forbes, D. (1992-93). *Risk Factors in the Mexican Origin and Anglo Infant Mortality, 1964-1984: An Interim Report.* Texas Population Research Center Papers #13.10.

[28] Births to single teens in Texas are measured by the absence of a father's name on the birth certificate. We believe that this has resulted in serious undercounts of single teen mothers in the state. The Bureau of Vital Statistics, in an attempt to gather more accurate data, has added a question to the 1994 birth certificate that asks for the mother's marital status.

[30] Frisbee, P.W., & Forbes, D. (1992-93). Risk Factors in the Mexican Origin and Anglo Infant Mortality.

[31] 1990, Children's Trust Fund, *Critical Issues in Prevention of Child Abuse and Neglect.*

[32] 1993, Losing *Generations*, National Research Council, p. 34.

[33] Frisbee, P.W., & Forbes, D. (1992-93). *Risk Factors in the Mexican Origin and Anglo Infant Mortality.*

[34] Forbes, D., & Frisbie, W. P. (November, 1991). Spanish Surname and Anglo Infant Mortality: Differentials Over a Half-Century. *Demography.* Vol. 28, No. 4.

[35] Selwyn, B.J. (1993). *Epidemiological Issues in Family Health Along the U.S. -Mexico Border.* Pan American Health Organization Symposium: Foundations for the Future: The Health of the Family along the U.S. -Mexico Border.

[36] Ibid.

[37] Ibid.

[38] Ibid.

[39] Estimate of workers with dependents from 1990 U.S. Census. Office of the Governor (1993). *Health and Human Services Issues: U.S. (Texas)-Mexico Border.*

[40] Selwyn, B.J. (1993). *Epidemiological Issues in Family Health Along the U.S. -Mexico Border.* Pan American Health Organization Symposium: Foundations for the Future: The Health of the Family along the U.S. -Mexico Border.

Dever, Alan G.E. (1991) *Migrant Health Status: Profile of a Population With Complex Health Problems.* Austin, TX: Migrant Clinicians Network, National Migrant Resource Program.

[41] De Anda, Tino (1992) Migrant Farmworkers Substance Abuse Issues and Concerns. *Texas Journal of Rural Health* 1:31-38.

Lyndon B. Johnson School of Public Affairs (1979). *The Health of Mexican-Americans in South Texas.* Austin: Lyndon B. Johnson School of Public Affairs, University of Texas.

[42] Zavaleta, Antonio N., Jordan W. Finkelstein, and Carmen D. Rocco (1992). A Modified Community Oriented Primary Care Model for the Delivery of Migrant Health Care. *Texas Journal of Rural Health* 1:39-45.

[43] Ibid.

Plascencia, Luis F.B., Robert W. Glover, & Brian Craddock (1993). *The Winter Vegetable Industry in South Texas.* In: Case Studies and Research Reports. Appendix I. pp. 523-571. Washington, DC: U.S. Department of Agriculture.

Wilk, Valerie A. (1986). *The Occupational Health of Migrant and Seasonal Farmworkers in the United States.* Second edition. Washington, DC: Farmworker Justice Fund.

[44] Health and Human Services Issues Along the US-Mexico Border in Texas and Mexico, Office of the Governor, 1993

[45] David Smith, Commissioner of the Texas Department of Health, presentation at a hearing of the Commission on Children and Youth (June 1994).

[46] Texas Department of Human Services (June 1988). *The Colonias Factbook: A Survey of Living Conditions in Rural Areas of South and West Texas Border Counties.*

[47] Selwyn, B.J. (1993). *Epidemiological Issues in Family Health Along the U.S. -Mexico Border.* Pan American Health Organization Symposium: Foundations for the Future: The Health of the Family along the U.S. -Mexico Border.

[48] As reported in "Border Health Issues of the '90's" Presented by Thomason Hospital, El Paso, Texas. March 30-31, 1990.

[49] Ibid.

[50] Ibid.

[51] Selwyn, B.J. (1993). *Epidemiological Issues in Family Health Along the U.S. -Mexico Border.* Pan American Health Organization Symposium: Foundations for the Future: The Health of the Family along the U.S. -Mexico Border.

[52] Richards, Ann W. Governor's Border Working Group, January 1993, pp. 35-62.

Appendix A
Definitions of 'Hispanic'

Texas Department of Health: Ethnic designations employed for the majority of tables from the Texas Department of Health are derived from information supplied by the parents in the case of a birth or by the informant in the case of a death. This method of race/ethnicity classification is known as self-identification. (*Texas Vital Statistics, 1992)*

Bureau of the Census: The data on Spanish/Hispanic origin were derived from answers to Census questionnaire item 7, which was asked of all persons. Persons of Hispanic origin are those who classified themselves in one of the specific Hispanic origin categories listed on the questionnaire–"Mexican," "Puerto Rican," or "Cuban"–as well as those who indicated that they were of "Other Spanish/Hispanic" origin. Persons of "Other Spanish/Hispanic" origin are those whose origins are from Spain, the Spanish-speaking countries of Central or South America, or the Dominican Republic, or they are persons of Hispanic origin identifying themselves generally as Spanish, Spanish-American, Hispanic, Hispano, Latino, and so on.

Origin can be viewed as the ancestry, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. Persons of Hispanic origin may be of any race.

Some tabulations are shown by the Hispanic origin of the householder. In all cases where households, families, or occupied housing units are classified by Hispanic origin, the Hispanic origin of the householder is used.

During direct interviews conducted by enumerators, if a person could not provide a single origin response, he or she was asked to select, based on self-identification, the group which best described his or her origin or descent. If a person could not provide a single group, the origin of the person's mother was used. If a single group could not be provided for the person's mother, the first origin reported by the person was used.

If any household member failed to respond to the Spanish/Hispanic origin question, a response was assigned by the computer according to the reported entries of other household members by using specific rules of precedence of household relationship. In the processing of sample questionnaires, responses to other questions on the questionnaire, such as ancestry and place of birth, were used to assign an origin before any reference was made to the origin reported by other household members. If an origin was not entered for any household member, an origin was assigned from another household according to the race of the householder.

Texas Department of Public Safety: Hispanic refers to all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultural origin.

Errata

On pages 35 and 36 of the report *Hispanic Children in Texas* the number of births to single teens was reported incorrectly. The total births to single teens for 1992 was 19,507 (6.1%).

Births to Single Teens

High birth rates among teens are another concern. In 1991, 6.3 percent of all births in Texas were to single teens between the ages of 13 and 19 (19,948 births). In addition, 36 babies were born to children 12 years of age and younger. While nationally there was a 20 percent increase in births to single teens between 1985 and 1991, in Texas the percent of births to single teens remained constant for the same time period. As illustrated in the chart below, while the overall percentage of births to single teens in Texas in 1992 declined to **6.1 percent (19,507 births)**, the percentage of all Hispanic births to teens remained equal to the state overall average (6.1%) and twice as high as the rate for whites (3.1%).